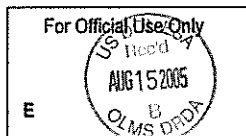


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7188</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Michael</u> <u>P</u> <u>Hatfield</u>  P.O. Box, Bldg., Room No., if any _____ Street <u>2316 Walnut Street</u> City <u>Bellingham</u> State <u>Washington</u> ZIP Code + 4 <u>98225</u>	4. Name, file number, and address of labor organization. Name <u>UPCW 44</u> Labor Organization File Number <u>513896</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 547</u> Street _____ City <u>Mount Vernon</u> State <u>Washington</u> ZIP Code + 4 <u>98273</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____  7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael P. Hatfield On 8/11/05 360-424-5655  
Date Telephone Number

Name of Person Filing <b>Michael Hatfield</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Zenith Administrators</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>201 Queen Avenue North #100</b></p> <p>City <b>Seattle</b></p> <p>State <b>Washington</b> ZIP Code + 4 <b>98109</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Retail Clerks Medical &amp; Pension Trusts</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>201 Queen Avenue North #100</b></p> <p>City <b>Seattle</b></p> <p>State <b>Washington</b> ZIP Code + 4 <b>98109</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Zenith Provides Administrative Services to Trusts. 11b is blank because value of dealings is unknown by respondent</b></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><b>motel room direct billed to Zenith for attendance at trust board meetings. Respondent is a Trustee on the Trusts</b></p> <p>12.b. Amount. <input type="text"/> <b>\$252</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Pacific Dental</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>12826 SE 40th Lane #201</b></p> <p>City <b>Bellevue</b></p> <p>State <b>Washington</b> ZIP Code + 4 <b>98006</b></p>	<p>14.a. Nature of payment.</p> <p><b>Xmas Gift of bottle of Sparkling Wine. Given to clerical staff. 14b value is estimated respondent was not given receipt</b></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/> <b>\$50</b></p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Rosemary Hatfield

Trade Name, if any: Self employed

P.O. Box, Bldg., Room No., if any

Street 2316 Walnut Street

City Bellingham

State Washington ZIP Code + 4 98225

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Amount in 11b constitutes catering/event planning fee paid to wife of respondent for her catering/planning services provided to UFCW District Council 17 for their 2004 Convention

## 11.b. Approximate dollar value of such dealing.

\$6,747

## 12.a. Nature of interest held or income received.

Amount in 12b constitutes catering/event planning fee paid to wife of respondent for her catering/planning services provided to UFCW District Council 17 for their 2004 Convention

## 12.b. Amount.

\$6,747

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Liberty Financial Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 108th Avenue NE Suite 270

City Belluvue

State Washington ZIP Code + 4 98004

14.a. Nature of payment.

Business dinner. No receipt, amount in 14b is an estimate

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.